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ABSTRACT

This document comprises the two AusEinetter newsletters published in 1997. The first newletter describes the background and structure of Australia's Early Intervention Network for Mental Health in Young People (AusEinet) and discusses the necessity of early intervention for mental health issues in young people 5-25 years of age. The following intervention programs and research studies are described: the National Early Psychosis Project; University of Queensland Evaluation of a Multimodal Treatment Program for Sexually Abused Children and Adolescents; CHAMPS (Community Health Adolescent Murraylands Peer Support); Adelaide Women's and Children's Hospital Division of Mental Health, Mental Health Promotion Projects; Mental Health Promotion: What Constitutes Primary Prevention of Teenage Suicide? A Program to Enhance Self-Concept in Young Children; Tasmania; South Australian Mental Health Promotion Program; Development of Child and Adolescent Mental Health Services in Rural and Remote Areas of Western Australia; and Southern Child and Adolescent Mental Health Services (CAMHS) Activities and Programs. Also discussed is the present investigation and substantiation of child abuse in South Australia, with a case study presented. Announced is the creation of the National Mental Health Foundation for Young People. A list of mental health Internet sites is provided. The second issue discusses the meaning of early intervention in mental health. Highlighted are the Child and Family Development Program--Canterbury Family Centre, Child and Adolescent Mental Health Services (Victoria), Young People at Risk Research and Evaluation (Queensland), and Older Adolescent Service Programs--Mental Health Services for Kids and Youth--Parkville, Victoria. Also discussed is the AusEinet Program launched in Canberra, with a summary of a presentation given by Brian I'Anson at the project launch. A list of mental health Internet sites concludes the newsletter. (MKA)

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Australian Early Intervention Network for Mental Health in Young People

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AusEinetter

AusEinet:
The Early Intervention Network for Mental Health in Young People

Welcome !

This is the first issue of AusEinetter, the regular newsletter of the Early Intervention Network for Mental Health in Young People.

Background

In June 1997, Commonwealth funding of $1.95 million was provided through till 1999 under the National Mental Health Strategy and the National Youth Suicide Prevention Strategy for the establishment of a National Early Intervention Network to promote early intervention in mental health problems specifically with children and young people.

The focus of the project is the development of a national network involving consumers, carers, clinicians, researchers and policy makers, with the development of resources and training programs to promote best practice in early intervention in mental disorders specifically with children and young people. The network will have a Clearinghouse function and will link people gathering and disseminating information electronically and via other media. With the assistance of the network the project will promote and enhance the development of early intervention services nationally through identifying and enhancing key service structural and intersectoral issues, and further developing best practice in specific areas.

The project is divided into three streams:

Stream One will focus on the development and maintenance of a national communications network, as well as training issues. This includes the establishment of the National Clearinghouse for Early Intervention in Mental Health; an international literature review; a National Stocktake of work in this area; the development and dissemination of this early intervention newsletter; production of best practice resource and training kits on early intervention generally, and with particular disorders experienced by children and young people.

Stream Two will work with a variety of mental health and key intersectoral service providers to re-orient service delivery in this area to an early intervention focus. This will include a re-orientation consultancy examining potential in other systems to develop greater understanding of mental health problems and stronger links with mental health services. In addition, clinical project officers will work within various systems to identify and address structural and system constraints to enable the services to enhance early intervention for those with mental health problems.

Stream Three will address specific mental health problems requiring further development of best practice in early intervention. This stream will include a review that will identify evidence based practice in early intervention; provide support for existing early intervention programs; and develop further best practice models in early intervention for specific disorders.

AusEinetter

What we hope this will do is to provide you with a really useful guide to what is happening in Australia and elsewhere in Early Intervention. We will try to provide information about:

- best practice in mental health around the country and the world;
- the national stocktake of Early Intervention programs;
- helpful resources including Internet sites; seminars, workshops and training opportunities;
- contacts to spur you on to adopt programs from elsewhere;
- possible avenues of funding;

and a whole lot more.

We expect you to take an active part. Comment on what you want, what you like and don't like. Help us to help you.

graham martin - auseinet@flinders.edu.au
AusEinet, CAMHS, Flinders Medical Centre, Bedford Park, South Australia, 5042.

AusEinet: The Challenge of Early Intervention

Each year in Australia, about 100,000 children and young people aged 5-25 years develop crippling emotional disorders. About a million more young people are seriously affected by emotional problems (1). In many cases, the symptoms persist and progress causing huge burdens of suffering and caring. The future of

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the young person affected by such conditions is placed in jeopardy, their families are stressed and there are ramifications at every level of society (2). These disturbances are often the harbinger of life-long difficulties in mental health and social well-being. Most serious chronic psychiatric illnesses have their onset in the teenage and early adult years of life (3).

One obvious way to reduce the impact of these emotional disorders is to identify people in distress at an early age, establish an early diagnoses and promptly provide effective treatment in order to halve and reverse the progression of symptoms. This is what is meant by early intervention. The challenge is how to do this.

At present over $1,000,000,000 is spent each year in Australia for mental health services, yet we seem to be failing to reach the young people who need help early on. Most of our current services are orientated to mature adults where, in many cases, disability secondary to emotional problems has well and truly set in.
Many people want to help identify young people who are developing a mental disorder and are in a position to do so. General medical practitioners, paediatricians, nurses, psychologists, social workers, youth workers, teachers, lawyers and many other providers of services are having contact with young people at an early point of the individual's breakdown. Families, especially parents, are the first to notice when things go wrong, but parents are often lost as to what to do. Friends can be asked for help but few have any idea how to help.

The challenge for AusEinet is to get information to these people who could help so they can recognise the early signs of trouble. AusEinet will aim to provide guidelines and pathways to help. This will mean reorientating some service providers so that they develop a deeper awareness of the natural history of symptoms over the life span and of the early onset of many emotional problems. We aim to let them know when it is best to intervene and how to do this. Another challenge for AusEinet is to find out what methods are most effective for early intervention. We want to demonstrate some ways in which a reorientation to early intervention can prevent long term disability as well as easing burdens of suffering for children, adolescents and their families.

1. Zubrick SR, Silburn SR, Garton A, et al. Western Australian Child Health Survey: Developing Health & Well Being in the Nineties. Perth, Western Australia: ABS and ICHR, 1995.
2. Kosky RJ, Hardy J. Mental Health: is early intervention the key? *Med J of Aust* 1993:156: 147-148.
3. Rey J. The Epidemiologic Catchment Area (ECA) study: implications for Australia. *Med J Aust* 1992: 156: 200-203.
Prof R J Kosky, Department of Psychiatry, University of Adelaide. Telephone: (08) 8204 7228, facsimile (08) 8204 7371

Griffith Early Intervention Project (GEIP)

The Griffith Early Intervention Project (GEIP) was established in 1995 to coordinate and integrate related clinical and research projects of the staff of the School of Applied Psychology and Psychology Clinic at Griffith University. GEIP is a response to increasing evidence that develop a child's resilience and positive coping skills can prevent the development of emotional problems, including depression and anxiety. Given the evidence that an increasing proportion of young people are experiencing feelings of depression and anxiety, screening for children and adolescents at high risk of developing a disorder and providing extra support to this group is an important endeavour for professionals working with young people in schools, community and other settings.

In 1996, GEIP was awarded a grant by the Commonwealth Department of Health and Family Services to fund the development of a national network and the implementation of early intervention programs for anxiety and depression Australia-wide. Over the first 12 months of operation, GEIP has been contacted by a large number of professionals and agencies interested in adopting an early intervention approach to emotional problems in children and adolescents. Contacts have been from a wide range of services, including community mental health agencies, traditionally involved in tertiary prevention, hospital based mental health clinics, schools, non government agencies and others. Contacts have been equally divided between major urban areas and rural/regional locations and have been received from all states around Australia. We have been contacted by a number of groups interested in adapting the programs for different cultural groups and special need populations.
The diversity amongst those contacting GEIP requires a flexible approach and careful evaluation of the process of disseminating programs across such a diverse nation as Australia. Over the next 12 months the focus of GEIP will be on the implementation of GEIP anxiety and depression programs and consolidating a national network of professionals interested in the prevention of emotional disorders in children through the implementation of programs designed to increase resilience, coping and promote family harmony for children and adolescents.
Further Information: Paul Harnett, Senior Clinical Psychologist. Telephone 07 3875 6706, Fax 07 3875 6637
Email P.Harnett@hbs.gu.edu.au
http://www.hbs.gu.edu.au/geip/welcome.htm

The National Early Psychosis Project (SA)

Recent clinical research in mental health has provided support for the notion that early intervention is likely to reduce the prevalence and severity of major mental health disorders[1]. These findings have contributed to a climate which is highly favourable to the development of preventively oriented mental

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health services. In 1995/96 the Commonwealth Government of Australia, via the National Mental Health Strategy, provided support for a time limited project to promote and develop an early intervention approach in psychotic disorders. The Early Psychosis Prevention and Intervention Centre in Melbourne[2] successfully tendered to develop and manage the National Early Psychosis Project (NEPP), in collaboration with all States and Territory Governments of Australia. Coordinators were appointed within each State and Territory to progress the aims and objectives of the project within each of the eight specific regions of Australia, including South Australia.

The National Early Psychosis Project (South Australia), is a collaborative endeavour between the Commonwealth Government and State Government of South Australia (South Australian Health Commission), to develop and promote best practice for early intervention for psychosis. The project, in South Australia, is focussing on a number of activities including:

- identification of current service practice and directions in SA;
- professional education and training;
- the dissemination of information about current developments in early psychosis;
- the development of a clinical network for sharing information and ideas about early psychosis;
- the development of clinical guidelines for working with young people experiencing early psychosis; and
- input into mental health strategic directions and policy in South Australia.

This diverse range of activities through NEPP(SA) will progress the development and promotion of best practice in early intervention and optimal treatment of psychosis in South Australia. The collated information will also feed into AusEinet, to ensure the continued promotion of early intervention strategies beyond the life of NEPP. If you would like to be involved in this process, or would like further information on the National Early Psychosis Project, please contact Chris Wigg.

Contact Details:

Christopher Wigg, State Coordinator (South Australia)
National Early Psychosis Project, Southern CAMHS
Flinders Medical Centre Bedford Park SA 5042
Phone: (08) 82045412; Facsimile: (08) 82045465
Email: pscpw@ID.psy.flinders.edu.au

[1]Raphael, B. and Burrows, G.D. (1995). Handbook of studies on preventative psychiatry. Amsterdam: Elsevier Sciences.

[2]McGorry, P.D., Edwards, J., Mihalopoulos, C., Harrigan, S. & Jackson, H.J. (1996). Early Psychosis Prevention and Intervention Centre: An evolving system for early detection and intervention. *Schizophrenia Bulletin, 22*, 305-326.

University of Queensland
Evaluation of a multimodal treatment program for sexually abused children and adolescents

There have been few controlled studies of treatment programs for sexually abused children, and most of these have involved single modalities of treatment. However, studies of children who have been sexually abused have found a wide variety of outcomes, from lack of symptomatology to severe post-traumatic stress disorder and disruption of personality development. Conceivably, the wide range of outcomes is due to the transitional interaction of three factors:

- The characteristics of the child and family prior to abuse;
- The nature of the abuse itself; and
- Events occurring following disclosure (eg. legal processes and quality of parental support).

Based on this transactional conceptual model, the Queensland project will test the effectiveness of a treatment program designed for each child and family, according to the child/family's diagnostic profile. Specifically, the first three months of weekly psychotherapy, *the exploratory phase*, involves the development of the child's memory of the trauma. The second and final three months of the program, *the working through phase*, involves the implementation of cognitive behaviour therapy modules targeting the following areas; traumatic state, and the dysregulation of anger, sexual behaviour, activity/impulsivity, and depression. If required, parental psychotherapy (eg. for reactivated conflicts re past abuse) and family therapy will be provided. The program includes a decision - rule algorithm that determines if and when the particular treatment modules will be implemented.

Contact Details:

Barry Nurcombe, Professor of Psychiatry, University of Queensland
Phone (07) 3365 5098

CHAMPS: Community Health Adolescent Murraylands Peer Support: Youth voices shaping and supporting mental health promotion

CHAMPS is an innovative mental health promotion project which commenced in February 1996 through the SA Health Commission's - "Primary Health Care Initiatives" grant funding. The goal was to enable 13-18 year old young people in the Murray-Mallee region to have a voice in shaping the way in which mental health services are provided to them and to participate in mental health promotion activities. Although not named as a suicide prevention project, it was designed with suicide prevention in mind. There were three main strategy objectives:

1. To develop the CHAMPS Youth Forum, meeting up to eight times/year and consisting of around 30 young people (13-18 years) from the Murray-Mallee region.

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This group will address the mental health needs of their peers, how they wish agencies/adults to work effectively with their peers and communities and how they could promote mental health amongst their peers.

2. To develop YARN, a Youth Access and Resource Network, which enables young people to talk to other young people in a peer support framework by telephone while waiting to receive help from local agencies, if needed, or as an adjunct to this help.
3. To create a model of best practice for working in partnership with young people.

CHAMPS has taken many steps towards achieving its objectives. Some of the highlights have included:

- Eight forum meetings held (to June 30) with over 30 enthusiastic young people involved, 60% from outside of Murray Bridge, the main regional centre.
- Successful grant for $35,000 from the Australian Youth Foundation for the 'CHAMPS by the River Project' for the creation of a youth designed and youth friendly recreational area in the Murray Bridge area, opened in Youth Week, September 1997.
- Invitations to speak at 6 conferences about the work of the project, mental health concerns of young people in rural areas and the process of youth partnership accountability.
- Establishment of six working groups: CHAMPS by the River, Conferences, Camp, YARN, Media Liaison and Youth Week.
- CHAMPS camp, February 1996, incorporating extensive planning for CHAMPS projects such as CHAMPS by the River and YARN, plus design of the project evaluation.
- Training of YARN Coordinators and Networkers, design of YARN advertising material/activities and a launch date for YARN of August 25 for a 4 month trial.
- Planning of a drug/alcohol free youth dance/rave for Youth Week, September 1997.
- Significant media support and exposure in the local paper and radio, including front page articles, guest editorials and radio interviews.
- Strong local council and community support, particularly for CHAMPS by the River.
- Cross-sectoral involvement.
- Involvement in ministerial regional or state consultations on mental health issues.
- Based on achievements, extension funding of $30,000 for 1997.

Further Information: Kathleen Stacey, CHAMPS Project Coordinator
Telephone 08 8204 5464, Facsimile 08 8204 5465, Mobile 0411263475

Adelaide Women's & Children's Hospital. Division of Mental Health Mental Health Promotion Projects

The WCH Division of Mental Health, Planning and Service Development Unit was established in 1996 to assist the Division to develop a broader focus in respect to mental health promotion and prevention, together with a focus on strategic planning across the organisation.
Currently the Unit is working on two related mental health promotion programs with a state-wide focus. The Partnership With Young People Project is an innovative mental health project funded by Living Health for a period of three years. The general focus of the project is to increase the awareness and knowledge of young people, parents and professionals in relation to mental health issues and available services, through the development of accessible and appropriate mental health information. A further focus of the project is to enhance the resilience of young people at times of school transition and encourage community development activity in relation to mental health promotion for young people.

- Partnerships with Young People form the foundation of this project and young people will have a guiding role in all phases of the project.
- The Intersectoral Framework Project is funded by the SA Health Commission Health Promotion Unit, and aims to develop an intersectoral framework to increase the capacity of health, and other sectors, to promote the mental health of children, adolescents and their families.

The project will focus activity in four key areas to enhance awareness and understanding of mental health promotion and the factors that contribute to positive mental health in young people. Partnership with and between service providers will provide a mechanism for developing an intersectoral framework to support local and regional activities.
In addition to working on these two state wide projects the Unit has supported the development of a number of other projects which include a service development focus within the Division of Mental Health.
The Bridging the Gap Project has been funded by an Aboriginal Primary Health Care grant to establish links with the aboriginal communities of Coober Pedy, Oodnadatta, Leigh Creek, Copley, Nepabunna, and Marree. The Project will have a particular focus on working with the communities to identify how preventative strategies which address the social and mental health issues affecting aboriginal children, adolescents and their families can be established.
A further project with a rural and remote focus is a tele-health project called Bringing Child and Adolescent Mental Health to Rural Communities. This project has been funded by a Rural Health Support, Education and Training (RHSET) grant to provide child and adolescent mental health consultation, training and support services to a range of mental health, health and other professionals. The project will run for two years and form tele-video and face to face

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linkages between child and adolescent mental health services in Adelaide and service providers situated in the Northern Country Region of South Australia, and Alice Springs and Darwin in the Northern Territory.

Further information can be obtained about these projects by visiting the Women's and Children's Hospital web site on www.wch.sa.gov.au or contacting the Division's Health of Planning & Service Development, Ian Dobson on (08) 8204 7389 or dobsonij#wch.sa.gov.au

Mental Health Promotion: What Constitutes Primary Prevention of Teenage Suicide? A program to enhance self-concept in young children

Having one of the highest rates of adolescent suicide in the industrialised world Australia faces a major public health problem in the field of mental health. Suicide and attempted suicide costs our society dearly both in human and economic terms. As the causes and risk factors for suicide are many there appears to be no easy solution to this problem. Current strategies for prevention of teenage suicide include reducing availability of harmful agents, such as prescription drugs and firearms, early detection of at risk behaviour, and counselling programs, particularly for those who have encountered suicide in their family or amongst their peers. This study challenges the notion that existing strategies for prevention of teenage and youth suicide are true primary prevention strategies.

As low self-concept and low self-esteem are significant risk factors in suicide, it is feasible that a self-concept enhancing program could be useful in reducing these risk factors, thus contributing to the prevention of teenage suicide. However, most self-esteem programs are implemented with upper primary and high school children. As self-concept forms early in life (by middle childhood) this study sought to assess the feasibility and acceptability of implementing a self-concept enhancing program with infant school children.

The method of study used was the case study. Three schools were selected on the basis of their wide representation of socio-economics, religion and culture. The ages of the children ranged from 5 to 10 years. A major component of the program was the use of guided imagery, positive self-talk and creative visualisation. The findings indicated that such a program was both feasible to implement and would be acceptable to young children, their teachers and their parents. However, there may be some variation in acceptability due to cultural differences. The usefulness of this program in the context of a mental health promotion program and as a primary prevention strategy for teenage suicide was considered.

Judith Lissing BSc(hons)MPH, 7 Bridges Street, Maroubra NSW 2035

Tel/Fax: 02 9349 8061, Mobile: 015 236 023

New South Wales Health

Child and Adolescent Mental Health in New South Wales has been given a real boost through increased funding by the State Government and through Commonwealth project. Nearly eighty new staff have been appointed to develop a broad range of programs that reduce suicide risk through depression intervention and prevention programs, programs for children of mentally ill parents, programs for Aboriginal and Torres Strait Islander children and their families and children of non English speaking background. Some of this work dovetails with the National Early Psychosis Project. A real groundswell in community based service delivery development is taking shape. Each of the 17 health areas in NSW are being funded to conduct youth forums to engage young people in helping plan more youth friendly mental health services.

In Sydney we are looking forward to hosting the Third National Child and Adolescent Mental Health Conference in July 1998. The central theme will be on families and prevention in children and young people's mental health. A supporting theme will be on early intervention strategies and programs. We will keep you informed on conference developments through this Newsletter.

I am just completing a 12 month secondment to the Centre for Mental Health, NSW Health Department, and am returning to my day job at Royal North Shore Hospital to further develop our early intervention group programs in anxiety disorders in young people (Rotary have helped us develop a rural outreach component) and a range of programs for pregnancy, anti-natal and post-natal mental health problems that enhance infant and early childhood outcomes.

Dr Nick Kowalenko, Royal North Shore Hospital & The Centre for Mental Health

Telephone 02 9391 800, Facsimile 02 9391 9101

Tasmania

The State provides CAMHS services through three regionally based centres, Burnie (NW), Oakrise (N) and Clare House (S). Each centre offers a multidisciplinary outpatient assessment and treatment program for young people (under 18) and their families with priority being given to serious mental health problems. Inpatient services are provided by collaboration with Paediatric wards and adult Mental Health Services. Each centre offers outreach clinics within their region.

In addition to the above, Clare House offers a Family Therapy Program, an Enuresis Program and is developing a Disruptive Behaviours Program. Three staff members are also involved in research aimed at improving the services for children of mentally ill parents. Oakrise regularly runs groups for children and parents focussing on issues such as the management of anxiety, grief and loss. They also run a Single Session Program and an Education Seminar series. The Burnie Services has the particular challenge of dispersed population centres. A community advisory committee has been in operation for 12 months. It meets bi-monthly and is a forum for community liaison and consumer input. Oakrise

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and Clare House are currently involved in the Telepsychiatry Pilot Project (being run by Monash and funded by the NMH strategy). Clare House is the sole CAMHS pilot site for another Commonwealth Project - the National Mental Health Standards Pilot.

A National Youth Suicide Strategy project is being developed to better resource rural/isolated areas and disadvantaged youth.

Further information: Ms Annabel Hanke
Telephone: 03 62338612, Facsimile: 03 62280090

South Australian Mental Health Promotion Program

This Mental Health Promotion Program (MHPP) is based in the Health Promotion Unit, Public & Environmental Health Service, SA Health Commission. The Unit has a statewide mandate for health promotion and works with government and non government organisations and individuals throughout South Australia. The program was established to increase activities related to mental health promotion and approaches it from a public health perspective which addresses the needs and interests of the *whole* population, rather than only with those who are at risk of illness or are already ill.

The MHPP works to encourage and support practitioners and others to recognise, adopt and address mental health promotion and, where appropriate, to work collaboratively to achieve mental health promotion outcomes. A principal and ongoing activity of the MHPP is to encourage understanding of what mental health promotion means in practice and to assist in planning and infrastructure development for it. A key task in undertaking this work is the development of a policy for mental health promotion in conjunction with the Mental Health Unit of the SA Health Commission. The development of the policy has the endorsement of the Executive of the SA Health Commission and Cabinet.

Further Information: Angela Burford, Public & Environmental Health Service, SA Health Commission
Telephone 08 8226 6418, Facsimile 08 8226 6133

Development of Child and Adolescent Mental Health Services in Rural and Remote Areas of Western Australia

The development of Child and Adolescent Mental Health Services (CAMHS) in rural Western Australia has been patchy, particularly in some of the more remote areas of the state. The Mental Health Division (MHD) has set aside funds to develop CAMHS in rural and remote regions taking into consideration the following factors:

1. In the past services tended to develop randomly as funds became available and were to a large extent untargeted;
2. Some areas are very sparsely populated but cover vast distances;
3. Whilst health regions have been identified as the basic units of service provision, many rural and remote regions contain multiple districts or area health services, each with a small, over stretched service. This has resulted in high staff turnover, recruitment difficulties and reliance on visiting specialists.

CAMHS were not identified as separate program areas and many of the resources which went into rural and remote areas were used to develop adult focussed mental health services.

Regions planning to develop rural CAMHS are encouraged to undertake a population based needs assessment as a mechanism to address the above factors. In addition the Division is working towards the development of a strategic plan to set the intended framework and future direction of CAMHS in Western Australia.

Further Information: Bing Rivera, Mental Health Division, 189 Royal Street, East Perth
Telephone 089 2224225, Facsimile 089 222 2351

Southern CAMHS activities/programs

Southern Child and Adolescent Mental Health Service (SA) provides a range of clinical (community and hospital based) health promotion, early intervention, research and teaching services in the southern metropolitan and southern country regions of South Australia. These include:-

- Service wide implementation of an Initial Consultation referral and allocation system, where all new cases are assured of a first appointment within one to two weeks. This enables early identification of urgent cases and commencement of therapy for those families.
- Implementation of a Penn Optimism Program in local schools.
- Implementation of a school based Anger Management Program targeted at young people identified as having problems with aggression.
- Extended funding for the CHAMPS project in the Murraylands, a health promotion initiative aimed at promoting mental health amongst local young people using the partnership/peer support model. This project will also lead to the development of a youth designed recreation area.
- A nationally recognised Interagency School Support Program.

Recently announced project funding to address

the needs of children who have a parent with a psychiatric illness;
locally developed rural crisis responses;
the further development of early intervention and prevention programs in schools.

Further Information: Andrew Wood, Director, Hospital & Community Services, Southern CAMHS
Telephone 08 8205 5412, Facsimile 08 8204 5465

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Postgraduate Education Opportunity

If you are interested in further education (Distance Education or Internal mode) in child adolescent and youth mental health, Flinders University Department of Primary Health Care in association with Southern CAMHS and the Department of Psychiatry offer several relevant topics.

As part of a Graduate Certificate in Mental Health you can undertake the following elective topics:

Mental Health and Young People	[6 units]
Systematic Approaches to Child, Family and Community	[3 units]
Brief Family Therapy	[3 units]

When combined with the core topic, *Basis of Community Mental Health* [6 units], this forms a full fee paying Graduate Certificate of 18 units.

Other elective topics are available to students with interests across a broad range. Students can also undertake these topics as part of a Master of Primary Health Care (Community Mental Health) degree [54 units] or a Master of Science (Community Mental Health) degree [72 units] which incorporates a research based thesis component.

An exciting range of new topics is currently under development. These will include 6 unit topics in Suicide Prevention, Trans-cultural Mental Health and Aboriginal Social and Emotional Well-being. These topics will be offered in 1998/99 as part of the above awards.

Contact: Clive Skene, Coordinator Community Mental Health. Telephone 08 8357 5483, Facsimile 08 8357 5484
Email: clive.skene@flinders.edu.au.

Adolescent Services - Enfield Campus, SA

The Adolescent Services Enfield Campus (ASEC) provides a state wide service for young people who experience a range of serious mental health problems. There are two distinct services based at ASEC: The Day Program and the Hospital to Home Transition Team.

The Day Program provides a group based program, with individual and family therapy to young people (12-18 years) with significant mental health problems. The aim of the service is to help young people resolve or manage mental health problems so they can participate in their community. Young people can attend the program either part or full time.

The Hospital to Home Transition Team works with adolescents aged 12 to 18 years with *severe* mental health issues with particular emphasis on first episode psychosis. Many of these young people have had a psychiatric inpatient admission. The Hospital to Home Transition Team uses a rehabilitation approach which aims to assist in the maintenance, recovery, development and acquisition of skills for young people with a severe mental illness.

In addition ASEC has based on campus a joint project run with Interwork to support young people with mental health problems access employment. Similarly young people can participate in a project to assist them to make long term recreation links in the community.

Further information: Pauline McEntee
Telephone (08) 269 3844, Facsimile (08) 344 8842

Investigation and Substantiation of Child Abuse in South Australia

The present focus of the implementation of the Child Protection Act is the investigation and substantiation of child abuse. The future case management of child protection cases recognises that there are three levels of "risk" of child abuse, of which a small percentage require intense resources to determine the abuse. There are a significant number of cases in which the notification to the Department for Family and Community Services signifies a child protection issue which can be addressed by therapeutic intervention. Southern CAMHS has developed a program which separates the investigation and substantiation from treatment.

The child protection program places the mandatory notification and the safety of the child explicitly within a therapeutic process. The inherent mental health issues for the child in his/her relationship with his/her parent as well as the parents relationship to the child are also a primary focus of the program. In the current economic climate, Southern CAMHS is unable to implement this fully. However, some cases have been seen in a pre pilot study.

Case study

In May, a FACS worker phoned CAMHS, requesting an appointment for a mother following a notification. The child was not considered to be at serious risk. She was given an interview within a week. Following seven visits over a two and a half month period this mother reported the following.

Prior to referral she and her six year old son were fighting every day. He was throwing things, screaming, kicking walls, breaking things and verbally attacking his mother. She likewise was screaming at him and hitting him. At the point of referral she said that she "hated him and I wanted to take my own life." She had also been addicted to 'pokies' and had lost some thousands of dollars. She had a referral to see a psychiatrist. She also stated that there was no closeness between her and her son, nor from her son to her.

Coming into the program gave her hope that things could get better. She says that she was able to initiate changes to her relationship with her child and her own life because of the hope she gained. She said she "could see that she could get back the happiness between her and her son." This hope was instrumental to bringing back this happiness. Now, this mother feels 8/10 closeness with her child, and her child has about 5/10 closeness to her. She reports that he is happier and more in control of himself.

This child and his mother are now within normal safe parameters, although clinically there is still more work to do.

Further Information: Lorraine Read, Southern CAMHS
Telephone 08 8298 7744, Facsimile 08 8298 7232

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New National Mental Health Foundation for Young People

On Friday the 26th September 1997 at the Festival Centre Ballroom in Adelaide, during a lavish Cinderella Ball held in honour of the Australian Ballet, a new charitable national foundation was launched - Slipper: the National Mental Health Foundation for Young People. A 'priceless glass slipper', created for the purpose by the Jam Factory, Adelaide - was auctioned on the night and raised over $2,000.

In launching the foundation, Chairperson, Ms Mandy-Jane Giannopoulos said: "There is clearly a need for a national charitable foundation for mental health specifically targeting the needs of young people under the age of 25 years. There are so many questions about mental health in young people which remain unanswered, so many projects in need of funding, and sometimes the criteria for gaining funds to seed good community projects are too hard to meet. This national foundation builds on The Child Health Foundation (S.A. Inc.), created five years ago, which successfully funded a number of excellent projects in South Australia where the contribution to the community has now been demonstrated. We are very grateful to the Australian Ballet for supporting this launch, and we hope that the Australian public will give generously to support us in this exciting nationwide venture, so that we can help get projects started in the areas of Mental Health Promotion, Mental Health Education, and Early Intervention."

Slipper
Helping Young People Fit

I wish to support the National Mental Health Foundation for Young People. Please accept my donation* of $.....

Name .....

Organisation .....

Address .....

Telephone No. .....

The National Mental Health Foundation for Young People, PO Box 688, Stirling, South Australia, 5152.

I wish to know more about the Foundation's work in Australia Yes ❑ No ❑

Telephone Contact: Ms Mandy-Jane Giannopolous, Chair of the Organising Committee - Mobile: 014 097 472.

* all deductions over $2.00 are tax deductable.

AusEinet Database

The AusEinet database is at an embryonic stage. To assist us please complete the following details and forward to AusEinet if you would like to be informed of future AusEinet activities, nationally or in your own State or Territory.

Name: .....

Organisation: .....

Address: .....

.....

.....P/C.....

Telephone:.....Facsimile:.....

Email: .....

Return to AusEinet C/- CAMHS, Flinders Medical Centre, Bedford Park SA 5042.
Telephone: 08 8357 5788 Facsimile: 08 8357 5484
Email: auseinet@flinders.edu.au

Mental Health Sites of Interest on the Internet

1. Barr-Smith Library, University of Adelaide
   http://library.adelaide.edu.au/guide/med/shrink.html
2. For ERIC free search
   http://www.aspensys.com/eric/
3. National Institute of Medicine (US)
   http://www.nlm.nih.gov/
4. Australian Institute of Family Studies
   http://www.aifs.org.au/
5. EPPIC
   http://www.home.vicnet.net.au/~eppic/
6. Manhood-on-Line
   http://www.manhood.com.au
7. Griffith Early Intervention Program
   http://wwwhbs.gu.edu.au/geip/welcome.htm#top
8. Information on mental health and mental disorders
   http://www.strauss.ihs.ox.ac.uk/oxamweb.htm/

We are constantly searching for new sites of interest and need your help to tell us the best of the best. Please write or email.

The next issue will be produced in December. Deadline for material Friday 14th November 1997. Please let us know what you are doing, or contact AusEinet with suggestions for topics to be covered.

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AusEinetter

The Meaning of Early Intervention in Mental Health

As we develop the network several of you have contacted us about exactly what we mean by Early Intervention. Some of you were 'ho hum' about the whole thing ("well everybody gets in as early as you can with serious mental illness; all of us do the best we can to respond as quickly as possible"). From others there was concern that we might be usurping early childhood intervention networks and programs. From others still we had questions about what possible relevance AusEinet could have to adults with serious or chronic mental disorder if we were talking about just some new aspect of Child Psychiatry. The fact that AusEinet is headed up by two child psychiatrists compounds this last point. The last issue relates to the funding, of course: "Why would the Commonwealth be putting nearly $2m into that just to duplicate a whole range of current interventions" ? All these responses are understandable, but we need to try to clarify the parameters of the task (and I have to admit, this exercise is probably as much in our interests as yours).

First, if we use a well known (if somewhat abused) model (Commission on Chronic Illness, 1957) we are not purely into primary prevention. Further, we are unlikely to have much to say about tertiary prevention. The focus is most likely to be on that somewhat fuzzy interface between primary and secondary intervention. Changing models to the US Institute of Medicine's (1994) adaptation of Gordon's (1983) work, we are not talking about universal prevention as such. That is, we will not primarily focus on Mental Health Promotion or Mental Health Education for the entire Australian community as such; there are other programs and passions for that. At the other end of the spectrum, there may be discussions about standard treatment for known mental disorders and also compliance with long-term treatment, but again these are not the focus of our developments. Finally, we may have little to say about after-care and rehabilitation.

What we will be attempting to clarify is Early Intervention deriving from work with individuals or subgroups in the population known to be at higher risk for mental disorder (*Selective Prevention*). Examples of this might include children of parents with mental illness or a problem with substance abuse, children with certain medical illnesses, or young people who have been abused. They may not show signs of developing problems, symptoms or illnesses, at the point of intervention in any given program. The focus of the AusEinet program is to assist in the clarification of which interventions applied with these groups provide clearly improved outcomes. Some of the programs we will support may contribute to this, the open discussions we will encourage at seminars, on the Internet site, and in this newsletter will certainly help, and the clearing house will be crucial to providing a database of what works best.

Second, we clearly have an interest in individuals known to be at higher risk because they have early signs of illness, a high number of risk factors for a given illness, or biological markers known to predispose to mental illness (*Indicated Preventive interventions*). A number of current programs (the Griffiths Early Intervention Program is a fine example, as is some of the work at the centre for Young People's Mental Health, as well as the Early Detection of Emotional Disorder Program at Flinders Medical Centre) actively seek to intervene with young people with early signs of illness and/or an accumulation of risk factors and early signs. Again, with each disorder we will be seeking to define what works best in terms of outcomes, what the best point for intervention is, as well as what is cost effective. We may be able to provide some support for existing programs to clarify some of these issues; we may also commission programs in important areas where no program currently exists.

Finally, a major focus of the AusEinet program will be on *Case Identification*. This is probably the area that will make most sense to clinicians in terms of early intervention. It seems like stating the obvious that we should be able to discover those with illness at the earliest possible time and whatever their age, that we should know what the best treatment and support programs are, and that we should be clear about how to reach out and maintain access for those struggling to come to terms

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with a first clearly defined episode of illness. What we know in practice, is that the whole area is much more complex than that, if only because of funding constraints.

And this is where my attempted clarification gets undermined. For some disorders, it may be impossible to intervene until the illness is blatantly obvious. An example might be a young man with increasing school difficulties in year 9 (don't they all ?), who has increasing conflict with his parents (don't they all ?), who has tried Marijuana to excess (well, a lot of them do !), and only after 6 months of increasing difficulty acknowledges some of his paranoid delusions. Here the problem is to provide early intervention in the form of rapid response, safe care, accurate treatment, careful thorough and active follow-up. But what conditions at the school, for the parents, for the general practitioner and school counsellor (for example) might have helped to recognise and deal with the problem earlier ?

For other problems like conduct disorder, as a society we cannot afford to wait for the blatantly obvious, because we know that there is not treatment as such, care and therapy may be resisted (and may be ineffective anyway), and the best early intervention is probably to do with parental education, educational assistance as soon as problems arise at school, and a range of other (usually school based) programs targeted at the errant conduct. If you don't get in early (in terms of age here) the behaviours may become more and more entrenched. There is also increasing evidence that programs which address multiple issues in a comprehensive way are superior to those only focusing on one of the problems. We need to understand all of this better.

Again, what AusEinet is trying to focus is the energy and discussion to clarify just what approaches are warranted, at what point, in what way, and with what resources. Too hard? We don't think so. Complex ? Yes, very - and that's why we need your help, your discussion, your feedback. Help us to get this right. Help us to help the worker at the coal face in some remote area who might not have access to the resources that others have, may not have the opportunity to access training programs, but could draw on our combined wisdom - distilled through clear brief texts, audio- and video-taped programs, and the Internet site (http://auseinet.flinders.edu.au). If you haven't replied to the National Stocktake - we need you. If you didn't see the Expressions of Interest advertisement (or couldn't be bothered to reply over Christmas) contact us. You have the ideas, the projects, the programs. We may be able to help - but only if we know about you and your work (and only if you can squeeze into our definition of Early Intervention).

Have a terrific and successful 1998.

Associate Professor Graham Martin, for the AusEinet Team

References

Commission on Chronic Illness, 1957. Chronic Illness in the United States. Vol. 1. Published for the Commonwealth Fund. Cambridge, MA, Harvard University Press.

Gordon, R., 1983. An Operational Classification of Disease Prevention. Public Health Reports, 98:107-109.

Mrazek, P. and Haggerty, R.J. (Eds.), 1994. Reducing Risks for Mental Disorder: Frontiers for Preventive Intervention Research. Committee on Prevention of Mental Disorders, Institute of Medicine. Washington, DC, National Academy Press.

graham martin - auseinet@flinders.edu.au
AusEinet, CAMHS, Flinders Medical Centre, Bedford Park, South Australia, 5042.

AusEinet National Stocktake of Early Intervention Programs

The Commonwealth Department of Health and Family Services through its National Mental Health Strategy, has recently funded A/Professor Graham Martin and Professor Robert Kosky to undertake a national stocktake of programs and young people which utilise the strategy of early intervention to enhance the mental health of young people. The stocktake will also include programs which are to be implemented in 1998. Findings from the national stocktake will be disseminated through the AusEinet Clearinghouse and will be used to inform recommendations about training needs, policy change and research strategies necessary to inform early intervention in Australia.

Whilst the project team is most interested in programs which are explicitly designed to provide early intervention in mental disorders impacting on the mental health of children and young people (up to age 24 years), is it clear that there are many programs in the mental health, education, early childhood and community sectors (government and non-government) which do utilise early intervention principles and strategies in their work with children and young people.

The first stage of the national stocktake has involved *identification* of possible early intervention programs. The project team is now seeking more detailed information about early intervention programs and has developed a detailed questionnaire, which is being systematically disseminated to a variety of agencies and service providers throughout Australia.

If you would like to complete one of the National Stocktake questionnaires or if you require further information, please contact: Cathy Davis, Senior Project Officer, AusEinet, *Southern CAMHS, Flinders Medical Centre, Bedford Park, SA 5042 Phone: 08 8357 5481, Fax: 08 83575484, Mobile: 041 1208 484, Email:cathy.davis@flinders.edu.au*

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AusEinet Expression of Interest

AusEinet is a developing network aimed at early intervention *in mental health problems.* It includes child and adolescent mental health workers, primary health providers, carers and consumer groups, as well as education, juvenile justice, family and welfare services. Some agencies and providers have already been contacted by our National Reference Group and our Project Officers. We are interested in including others.

AusEinet has three streams:

1. developing the national information network across Australia;
2. helping to re-orientate services to early intervention, and
3. promoting the best methods of intervention.

We have the capacity to enhance existing projects that may have national significance and to commission new ones. We will be sensitive to cultural issues and social justice principles.

Agencies interested in becoming part of the AusEinet network are invited to send a brief expression of interest covering:

- an outline of services provides;
- the mental health issues among their consumers;
- current early intervention and approaches used (if any);
- proposals for early intervention, and
- contact details (name, address, phone, fax, e-mail).

Expressions of Interest should be sent by 31st January 1998 to:

AusEinet Project Officer
University of Adelaide SA 5005
Email: aohanlon@health.adelaide.edu.au

Information on AusEinet is available on-line at http://auseinet.flinders.edu.au or from Pauline Dundas (08) 8204 6820, Anne O'Hanlon (08) 8204 6802 or Cathy Davis (08) 8357 5481.

Child & Family Development Program - Canterbury Family Centre

Aim: To educate, support and empower parents in their parenting role, assisting them to develop skills which enable them to adequately meet the physical and emotional needs of their young children.

Target Client Group: Families with young children whose development is seriously jeopardised because of significant difficulties or inadequacies in parenting.

Parenting difficulties may be related to one or more of the following risk factors:

- parental mental illness
- social isolation, transient lifestyle, and/or absence of support networks
- multiple partners/caregivers, and chaotic or unstable family environment
- domestic violence
- substance abuse
- childhood behavioural disorders such as conduct disorders, oppositional-defiant disorders, attention deficit disorder,

and lead to

- abuse and/or neglect
- aggressive/antisocial behaviour by the child, resulting in exclusion from generalist services such as preschool and childcare
- severe emotional difficulties, poor self-esteem, withdrawal and social isolation
- failure to achieve normal developmental milestones.

Key Features:

- The Child and Family Development Program provides a flexible, comprehensive support services to families who **cannot or do not access or benefit from more universal/generalist services.**
- Case coordination and management, counselling and parent group work is undertaken by trained social workers (Class II), while family care workers (child-care, mothercraft, residential or early childhood qualifications) undertake direct work with parents and children under the supervision of the caseworker.
- The service response is individually tailored for each family to improve access and maximise outcomes.
- Intervention components are governed by a 'minimalist' approach to avoid duplication and over-servicing.
- Where possible the child is maintained in his/her community educational/care system. If attendance at the Development Centre is necessary, the aim is for return to full participation in normal settings as soon as practicable.
- Services are provided in conjunction with other professionals already engaged with the family.
- Parent participation/involvement in the program is mandatory (includes male parent in two parent families).

Service Components: Each component is available separately, or in combination with others, depending on client need and available program resources.

1. **Parent Education & Skills Training**

- Individualised 6-10 week program
- One to three sessions per week (1 to 2 hours per session) depending on need
- Focus on specific practical goals and tasks identified by family and workers, including behaviour management programs
- In-home or centre-based, depending on need and other factors (e.g. transport, parent learning style, safety issues)
- Implemented by family care worker under supervision of social worker or psychologist
- Progress toward goal achievement is reviewed regularly with workers and family
- Incorporates Positive Parenting Program and strategies.

2. **Parent Support**

- Counselling on parenting and related issues
- Parent education and support groups
- Peer support and modelling (family days)

3. **Child Development and Support**

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- Centre-based program incorporating developmental and social opportunities, behaviour modification programs, and emotional support for children.
- Provides essential 'respite' for child and family in cases involving serious protective or safety issues.
- Access to emotional, cognitive and speech assessment and therapy through Canterbury Family Centre's 'CATS Program.'

4. **Parent-Child Relationship**

- Facilitation of bonding and attachment through group activities for parent and child (e.g. Dance Therapy sessions).
- Use of Positive Parenting Program and strategies.
- Staff modelling of positive acceptance of children.

5. **Case Management, Liaison and Advocacy**

- Case coordination, case management and advocacy is provided by the social worker.
- Liaison with other service providers, including transition work to ensure consistency of management and maximum effectiveness, is undertaken when necessary.
- Referral and linking to appropriate follow up services to ensure gains are maintained in the long term.

Position in Service Sector: Because of the comprehensive and flexible nature of its service delivery model, this program occupies a unique place in the service sector. It provides support services to families with a range of difficulties related to parenting their young children, prioritising those where significant risk factors are present.

- 57 families received services from the program in the year to 30.6.97.
- 30% of these families lived in the outer part of the Eastern Metropolitan Region.
- 46% of families did not access the child focused component (development centre).
- 16% of families were referred by Early Intervention services (12% by DHS Specialist Children's Services).
- 10% of families were referred by Child Protection workers.
- Average intervention time is 6 months, with a range of 6 weeks to more than 2 years.

For information contact Sue Waller Canterbury Family Centre, telephone 03 9882 8336, facsimile 03 9813 3927

Child & Adolescent Mental Health Services (Victoria)

Child and Adolescent Mental Health Services (CAMHS) throughout Victoria have combined to initiate a Statewide mental health promotion strategy for children and adolescents (up to age 18). Workers have been set aside for this program in all four metropolitan and five non-metro health regions, so the program coverage ranges from Mallacoota to Mildura, and Warrnambool to Wodonga.

Child and adolescent mental health promotion (CAMHP) centres on the two core activities of education and consultation. Statewide community education on the mental disorders of childhood, and the promotion of mental health and resilience, is being delivered to groups of workers, parents and adolescents in schools. Education is being provided to general practitioners through the GP Divisions, teachers through schools and school clusters, and others through evening public seminars, often sponsored by local government. Young people are mostly participating in discussions about mental health in class seminars at Years 10 and 11, although some have been involved outside school through youth services and through the HARP program and youth homelessness services.

CAMHS have a strong tradition of providing secondary consultation to other workers concerned about mental disorders in the young people they may be assisting, and this consultancy is being organised to be more standardised and comprehensive.

The Child and Adolescent Mental Health Promotion workers are creating a common literature base for information about mental disorders of childhood and mental health promotion in Victoria, and have revived the Statewide newsletter 'LiveNet' to facilitate the distribution of this literature and communication between workers, agencies and regions.

Contact: Ric Pawsey, Child & Adolescent Mental Health Promotion, Telephone 03 9496 3620, Facsimile 03 9496 3653, Email rpawsey@austin.unimelb.edu.au.

Young People At Risk Research and Evaluation (Queensland)

The YPAR program is a joint initiative between Queensland Health and the University of Queensland. The University's role is to conduct research that will inform the implementation of Queensland Health's YPAR program and also to conduct an evaluation of the YPAR program. An initial evaluation report was prepared for Queensland Health in October 1996 and a final evaluation report will be prepared in October 1997.

The YPAR program is a pilot intervention program being conducted in 4 areas of Queensland. The program was initially funded for 3 years from June 1994 to July 1997. However, recently the pilot phase of the project was extended until July 1998, after which time the program will take on a state wide focus. The overall goal of the YPAR pilot program is *"To use a community development approach to improve the mental health and well being of young people (10-24 years) through improving the community's and health system's response to young people at risk of self harm, suicidal and related behaviour."* The YPAR pilot program has several objectives, including training of service providers, identification of gaps in service provision, development of protocols, facilitation of intersectoral links and enhancing the ability of the community to respond to young people at risk. The goal and objectives of the program will be reviewed and amended prior to the program being implemented state wide.

Briefly, the University's evaluation plan for the YPAR program has involved face to face interviews with a sample of

key service providers in the intervention regions. Followed by a 'pre' and 'post' mail out survey of approximately 1,000 services in the intervention regions that have the potential to provide a 'mental health service' for young people including employment services, youth shelters and refuges, psychiatrists, psychologists, community mental health services, hospitals, general practitioners, police, ambulance, churches and school guidance officers. The participation rate for both the 'pre' and 'post' intervention surveys was approximately 65%. The evaluation plan has also included interviews with young people who have had contact with the YPAR program, and interviews with the YPAR intervention team members.

Finally, the University research and evaluation team have conducted a state wide survey of over 3,000 15 to 24 year olds mental health and utilization of mental health services. The study involved a cross sectional household survey, which used telephone recruitment followed by an anonymous self-report postal questionnaire. The data from this study is currently being analysed and preliminary results will be published in a report, which should become available early in 1998.

For more information contact Maria Donald, Centre for Primary Health Care, University of Queensland, Diamantina House, Princess Alexandra Hospital, Woolloongabba, Q 4102, Telephone 07 3240 5989.

Older Adolescent Service (O.A.S.) Programs - M.H. S.K.Y. - Parkville, Victoria

The Centre for Young People's Mental Health (CYMPMH) was established in mid 1996 after the amalgamation of the former Early Psychosis Prevention and Intervention Centre (EPPIC) and Older Adolescent Service (OAS) formerly of the Royal Children's Hospital. Following the recent Strategic Plan for the development of an integrated service within the Western Metropolitan Region of Melbourne, a new structure - Mental Health Services for Kids and Youth (MHSKY) has been implemented with a 'Child' component (0-12 years) and 'Youth' component (12-25 years) combining two Health Care Networks.

OAS operates Regionwide from the 'Hub' base in Parkville with clinics being developed at 'Spoke' and satellite locations in the four regional sectors. Our clients are those young people; aged from 15-19 years who are experiencing one, or more, common mental disorders (apart from early psychosis) and who require specialist input.

Within OAS there is currently a strong emphasis on early intervention and community development with a view to maximising recovery and minimising the likelihood of recurrence. Staff work assiduously to ensure effective liaison and integration with programs in the local generic health and welfare services, e.g. Protection and Care, Accommodation and Support, and with Department of Education.

The anticipated increase in demand for services will be managed through the targeting of specific disorders and sub groups of young people, linked to the development of satellite clinics and consultation/liaison with other local services.

Special clinics will be established in the areas of:

1. Mood and Anxiety Disorders
2. Health Damaging Behaviours (including substance abuse and personality disorders
3. Eating Disorder

In addition, a generalist stream of extended assessment and generic case management will be provided to cater for those young people in whom co-morbidity is common.

A strong emphasis of the program will be on the development of Health Promotion initiatives and working with young people at particular risk because of homelessness, family disruption and abuse and those who have displayed suicidal/self-harming behaviour. Linkages with Juvenile Justice Services and the protective Secure Welfare Units will be strengthened.

For further information contact Heather Manning, Assistant Clinical Director, telephone 03 9342 2800 or facsimile 03 9387 3003

AusEinet Program Launch

The AusEinet project was launched in Canberra at the first of the AusEinet workshops on Friday 24th October 1997 by Dr Andrew Southcott. Approximately 120 participants attended from a variety of agencies and services including ACT Mental Health, CAMHS, Centacare, Calvary Hospital, The Canberra Hospital and the education department.

Professor Robert Kosky, joint project director of AusEinet presented a paper on health gains in early intervention and A/Professor Graham Martin gave a presentation on the AusEinet project and a demonstration of the AusEinet Website. Other presentations were given on national early intervention projects: Professor Mark Dadds from the Griffith Early Intervention Project discussed early intervention with emotional problems in children and adolescents and Ms Bronwyn Dagg discussed the National Early Psychosis project). Mr Peter Humphries, presented a paper on a practitioners perspective on early intervention and Ms Kerry Borewitz, aided by a consumer, Sian, offered insights into 'The Young Ones' program. Several small group discussions were held with participants to inform the AusEinet project. A summary of the findings from several of the small group discussions follows.

What do you want to get out of the Auseinet project?

(1) Information networks

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- information to support early intervention activities
- more information on good practice (including international developments)
- more information/discussion re early warning signs and interventions when early symptoms overlap
- information on the validity of models of early intervention and optimum times for intervention (windows of opportunity)
- information on evidence of efficacy of early intervention programs
- information on centres of excellence
- access to training/materials/contacts
- provision of teaching modules linked with case studies, research, projects
- information on sources of funding
- information on the costs (particularly for other systems such as juvenile justice system) of not intervening
- links with the media (include guidelines for accurate reporting)
- communication between researchers and practitioners
- provision of opportunities for collaboration
- provision of child and family friendly information on the site
- establishment of an early intervention directory of services and service providers (that would continually be updated)
- provision of contacts within a state on particular areas of expertise
- dissemination of information on what other agencies are doing with the same population (eg specific programs for boys)
- interactive possibilities eg e-mail and a Website for young people to dialogue on mental health issues

(2) Assistance

- in implementing new programs of interest
- in allowing for a range of views and philosophical viewpoints to be presented
- in enabling agencies/workers to gain access to information generated by the AusEinet project
- in providing recognition, support and validation of opinion of professionals outside of mainstream health care services
- in influencing evaluation of current early intervention programs
- in influencing policy and practice to prioritise early intervention
- with research projects
- in reducing competition and increase contact with other agencies
- with accessing funding dollar
- in promoting implementation of known interventions into schools etc

Some specific issues related to schools were also identified. AusEinet was viewed as an avenue for:

- the provision of information to disseminate to other school counsellors and schools and all workers in the mental health field
- providing recognition of the early intervention work/roles of school counsellors in mental health in schools in the ACT
- the establishment of one area in the web site which would cover school practice in early intervention
- improving co-operation between schools and other agencies
- providing information on telepsychiatry sites
- translating what is happening in schools nationally into local settings
- clarifying/expanding the definition of early intervention for different disorders

What conditions/problems / issues should Auseinet address?

A wide range of conditions/problems/issues was identified by participants in the workshop. These are briefly summarised:

- vulnerability and risk factors (and screening) and relationship of these to developmental stages
- resilience and protective factors
- parenting techniques and preparation for parenthood
- attachment problems
- intellectual disability
- children of parents with a mental disorder
- children of parents with a substance abuse problem
- post abuse problems for children
- ADHD/conduct disorders/delinquency
- shyness, social isolation, loneliness
- grief and loss issues
- school problems and learning difficulties
- addictive disorders (including computer addiction)
- self-injurious behaviour
- adolescent sexuality
- prodromal symptoms of psychosis, depression, anxiety, suicidal behaviour
- personality disorders
- eating disorders
- working with challenging clients: eg engaging fathers/families
- information on medication

In addition, it was suggested that early intervention programs needed to be explored across different contexts (eg cross-cultural) and in different sites (recognising the impact of service provision) and that the material presented on the web site needed to be as jargon-free as possible and should incorporate the latest relevant research.

What are some of the barriers /challenges to the reorientation of services to that of early intervention?

resources: lack of beds, staff, dollars

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- short term funding arrangements
- children and young people's needs are easily ignored
- time (to network) and to lobby
- commitment (by governments and services that this is important)
- ethical and clinical issues around mass screening
- stigma attached to mental illness in society and among peers
- existing case management ideology
- difficulties in defining early intervention
- ownership (of clients and client groups)
- competition between services
- the shifting boundary from mental health to community health
- lack of top-down support for early intervention and early detection/case finding
- lack of knowledge and expertise about indicators of early intervention (for teachers, mental health professionals, parents, the media)
- lack of training of GPs.

Summary of presentation given by Mr Brian I'Anson, NCAG at launch of AusEinet project, ACT.

1. I was very grateful for the opportunity to represent Consumers and Carers at this Prevention Strategy Seminar with so many professionals interested in the problems causing suffering to so many people and their families and friends and at great financial strain to the community.
2. The work of the AusEinet team and Professor Robert Kosky, Bernadette Dagg of the EPPIC Early Psychosis Project, Professor Mark Dadds of the Griffiths Early Intervention Program in particular universal, non-stigmatising programs for acquiring skills for mental illness prevention leading to "Good Practice" models which might be used elsewhere.
3. I was particularly grateful for the thoughts of the group and their reporters especially in their looking at the problems in the ACT which has had a pristine image problem from the days about a decade ago when we exported our mental health problems to NSW as we still do with our prisoners. As a consequence the community now has to learn the facts of life and how to adjust to having people with a mental illness living here.
4. The Mental Health Foundation of the ACT which has co-operated through Mr Doug McIver with AusEinet through Ms Cathy Davis in today's arrangements would be happy if you would help yourself to the mental health week badges and donate to the Foundation in the box on the information table.
5. Finally I should like to make a plea to ensure that Prevention funding which was dear to the hearts of all groups should be separated from Mental Health treatment services preferably in Public Health budgets. Only then will the temptation to use these for overruns in treatment services be foiled. It's rather like clean water for prevention of other plagues and the clean water has had more to do with healthy lives than medical science has.

I'Anson

Slipper
Helping Young People Fit

I wish to support the National Mental Health Foundation for Young People. Please accept my donation* of $.....

Name .....

Organisation .....

Address .....

Telephone No. .....

The National Mental Health Foundation for Young People, PO Box 688, Stirling, South Australia, 5152.

I wish to know more about the Foundation's work in Australia Yes ❑ No ❑

Telephone Contact: Ms Mandy-Jane Giannopolous, Chair of the Organising Committee - Mobile: 014 097 472.
* all deductions over $2.00 are tax deductable.

AusEinet Database

The AusEinet database is at an embryonic stage. To assist us please complete the following details and forward to AusEinet if you would like to be informed of future AusEinet activities, nationally or in your own State or Territory.

Name: .....

Organisation: .....

Address: .....

.....

.....P/C.....

Telephone:.....Facsimile:.....

Email: .....

Return to AusEinet C/- CAMHS, Flinders Medical Centre, Bedford Park SA 5042. Telephone: 08 8357 5788 Facsimile: 08 8357 5484 Email: auseinet@flinders.edu.au

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Mental Health Sites of Interest on the Internet

1. HotBot http://www.hotbot.com
   If you're looking for an Internet search engine, this is pretty speccy
2. Encyclopedia Britannica Internet Guide
   http://www.ebig.com
   This venture by Encyclopedia Britannica aims to help solve the problem of finding relevant information on the Internet, and once finding it, to know if it is trustworthy
3. http://eddie.cso.uiuc.edu/Durkheim/
   This is a web site devoted to information on the French sociologist and philosopher Emile Durkheim
4. http://www.nla.gov.au/raam/
   Register of Australian Archives and Manuscripts (RAAM) - Libraries, archives and museums have contributed items to this site about their holdings and is useful for researchers wanting to find out about the existence of collections
5. http://www.caper.com.au
   This site comprises a group of people who have developed a range of educational and psychological resources in relation to 'at-risk' children, adolescents and families. The present focus is on issues to do with stress, violence in schools(bullying) and teacher education
6. http://www.lawstuff.org.au
   The NCYLC's web site provides a national database of legal information for young Australians
7. http://www.centrelink.gov.au
   Social Security that was
8. http://www.reachout.asn.au
   The start of the best suicide prevention site that will ever exist on the net
9. http://www.umdnj.edu/psyevnts/eventloc.Australia.html conferences
10. http://www.elsevier.com/locate/ContentsDirect
    relevant books
11. http://biomednet.com/blackwells -
    relevant books
12. www.healingwoman.org -
    sisters
13. http://www.uwa.edu.au/cyllene/tlambert/aspr/
    Australian Society for Psychiatric Research
14. http://www.health.gov.au/hsdd/mentalhe
    Commonwealth Government Mental Health Branch home page
    Information about the National Mental Health Strategy (NMHS) and the National Youth Suicide Prevention Strategy (NYSPS). Key areas of the site, and examples of content, are:
    National Mental Health Strategy
    National Youth Suicide Prevention Strategy
    Info About Mental Illness (mental illness: the facts, what is stigma? what is depression? what is schizophrenia? what is bipolar disorder? what is anxiety? what is an eating disorder?)
    Publications (NMHS Publications, NMHS Community Awareness Program pamphlets, NYSPS publications, National Community Advisory Group publications).

We are constantly searching for new sites of interest and need your help to tell us the best of the best. Please write or Email.

FLINDERS UNIVERSITY OF SOUTH AUSTRALIA
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Mental Health and Young People - Putting them together

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THE NEXT ISSUE WILL BE PRODUCED IN MARCH.

DEADLINE FOR MATERIAL WILL BE **FRIDAY 27TH FEBRUARY, 1998**

PLEASE LET US KNOW WHAT YOU ARE DOING. CONTACT AUSEINET WITH SUGGESTIONS FOR TOPICS TO BE COVERED.

Funded under the National Mental Health Strategy by the Commonwealth Department of Health and Family Services